

# NURSE-LED CLINIC TO ASSIST PATIENTS IN DECISION MAKING REGARDING RENAL REPLACEMENT THERAPY

Fernández Chamarro M, Junyent Iglesias E, Ho Wong TM  
 Department of Nephrology, Hospital del Mar – Parc de Salut Mar,  
 Barcelona, Spain

## INTRODUCTION

The choice of renal replacement therapy (RRT) is a crucial decision in the treatment of patients with advanced chronic kidney disease (ACKD). Patient's engagement in treatment decision making is associated with improved quality of life. Providing realistic and structured information is essential in the decision making process.

## OBJECTIVE

To present our nurse-led clinic to assist patients with ACKD in choosing the best RRT option: haemodialysis (HD), peritoneal dialysis (PD), living-donor transplantation (LDT) or conservative care (CC).

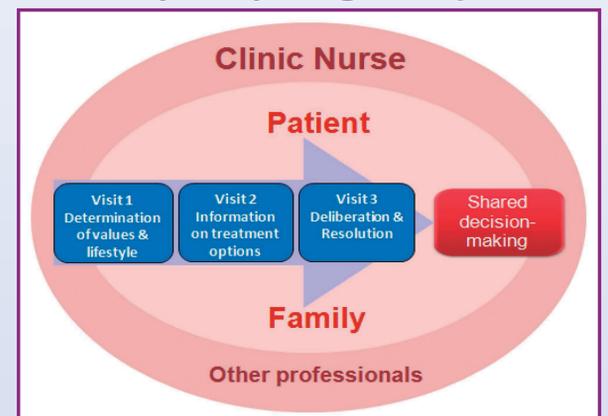
## METHODOLOGY

Nurse-led Clinic implemented in 2014.

Appointed nurse performs individualised education to help patients and family members to choose the best RRT option which will be needed in the near future.

Educational process is performed in 3 visits (Illustration).

Data were analysed by using descriptive statistics.



## RESULTS

### Sample size & demographic data

N = 137 patients	% (N) Median (interquartile range)
Males/females	64.24% (88) / 35.76% (49)
Average age in years	67.4 ± 12.4
Patients > 80 years	22.3% (31)
Average eGFR (start of decision process)	22.5 (19.75 – 26) ml/min
Average eGFR (decision process finalised)	23 (18 – 25) ml/min

### RRT options after 2 years of follow-up

HD	48.9% (67)
PD	38.6% (53)
CC	12.4% (17)

### Required visits during the decision-making process

RRT options	Visit 1	Visit 2	Visit 3 Final decision	
HD (67)	18.6% (12)	72.1% (48)	9.3% (7)	10% possible LDT
PD (53)	16.6% (9)	20% (10)	63.4% (34)	
CC (17)	33.3% (6)	66.4% (11)		

### Main preferences on treatment choice: between HD & PD

<b>HD</b>
<ul style="list-style-type: none"> <li>• Feel more comfortable having healthcare professionals to perform treatment</li> <li>• Feel more “secured” receiving treatment in a healthcare surrounding</li> <li>• Fixed treatment schedules</li> </ul>
<b>PD</b>
<ul style="list-style-type: none"> <li>• Autonomy</li> <li>• Treatment done at home (relaxing atmosphere)</li> <li>• Treatment schedules permit working, travelling and leisure activities</li> </ul>

## CONCLUSIONS/APPLICATION TO PRACTICE

- Our experience suggests that an education process centred on the individual's values and lifestyle helps each patient to choose the best RRT.
- Patients' preferences should be considered in deciding RRT option as this will enhance treatment adherence and quality of life.